

DEPARTMENT OF THE NAVY

FORENSIC EXAMINATION REQUEST

1. PRIORITY OF EXAM

- ☐ Urgent
- ☐ As soon as possible
- ☐ Routine

2. TO *(Include Attention Line)*

3. FROM

4. CASE FACTS *(Brief description pertaining to the requested examination which may assist laboratory personnel in processing the evidence. Include date and place of crime.)*

5. EVIDENCE SUBMITTED

a. Item Number

b. Item Description

6. EXAMINATIONS AND/OR COMPARISONS REQUESTED

7. SUSPECT(S) FULL NAME

8. VICTIM(S) FULL NAME

9. TYPE OF OFFENSE

10. IS ONE COPY OF EVIDENCE CUSTODY DOCUMENT ENCLOSED?

☐ Yes

☐ No

11. HAS OTHER EVIDENCE PREVIOUSLY BEEN SUBMITTED FOR THIS CASE?

☐ Yes *(Complete a & b)*

☐ No

a. Lab Report Number

b. Case Control Number *(CCN)*

12. INVESTIGATOR'S NAME AND OFFICE PHONE NUMBER

13. DISPOSITION OF EVIDENCE AFTER ANALYSIS/COMPARISON

a. Item Number

b. Disposition

14. CERTIFICATION

I CERTIFY THAT THIS EVIDENCE HAS NOT BEEN SUBJECTED TO EXAMINATION BY OTHER EXPERTS FOR THE PROSECUTION IN THE SAME SCIENTIFIC FIELD AS REQUESTED HEREIN.

a. Date

b. Requester Typed or Printed Name

c. Requester Signature